

**REVOCATION OF POWER OF  
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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

|                        |                      |
|------------------------|----------------------|
| Application Number     | 10/820,144           |
| Filing Date            | April 8, 2004        |
| First Named Inventor   | Esther H. CHANG      |
| Art Unit               | 1632                 |
| Examiner Name          | Chen, Shin Lin       |
| Attorney Docket Number | 2474.0070003/BJD/JKM |

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number:

**26111**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

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| <input type="checkbox"/> Firm or<br>Individual Name |       |     |  |
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| Country   |       |     |  |
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**I am the:**

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| Signature | <i>MAKIRA M. ROZ</i> |           |              |
| Name      | MAKIRA M. ROZ        |           |              |
| Date      | 9-21-06              | Telephone | 301-802-2851 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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